

PLEASE ANSWER EVERY QUESTION, FRONT AND BACK, OR YOUR APPLICATION WILL BE RETURNED TO YOU

(1) Applicant:_____ Co-Applicant:_____			OFFICE USE ONLY																																																																																	
(2) Address:_____		Home Phone: (_____)_____																																																																																		
_____		Work Phone: (_____)_____																																																																																		
_____		Occupation: _____																																																																																		
City _____ State _____ Zip Code _____																																																																																				
Mailing Address _____		OFFICE USE ONLY																																																																																		
(3) Applicant’s Social Security # _____		Co-Applicant’s Social Security # _____																																																																																		
(4) What is the age of the head of your household? (Please check only one box & list both birth dates.)																																																																																				
1 [] Under 18 years 2 [] 18 to 24 years 3 [] 25 to 44 years 4 [] 45 to 59 years 5 [] 60 to 64 years 6 [] 65 or older Applicant’s Birth Date:_____/_____/_____ Co-Applicant’s Birth Date:_____/_____/_____																																																																																				
(5) Yearly gross income \$ _____																																																																																				
(6) If you have grant income, is it:																																																																																				
1 [] Old Age Security 2 [] Aid to Totally Disabled 3 [] Aid to the Blind 4 [] AFDC 5 [] Social Security (SSI) 6 [] Combination of Several																																																																																				
(7) What is the sex of the head of your household? 1 [] Male 2 [] Female																																																																																				
(8) Marital Status: 1 [] Married 2 [] Separated 3 [] Unmarried																																																																																				
(9) What is the race/ethnicity of the head of your household? (please check only one Race box, one Ethnicity box & one Language box)																																																																																				
(a) Race:																																																																																				
1 [] White 4 [] Asian 7 [] Asian & White 2 [] Black/African American 5 [] Native Hawaiian/Other Pacific Islander 8 [] Black/African American & White 3 [] American Indian/Alaskan Native 6 [] Amer. Indian/Alaskan Native & White 9 [] Amer. Indian/Alaskan Native & Black/African Amer. 10 [] Balance/Other																																																																																				
(b) Ethnicity: [] Hispanic [] Non-Hispanic (c) Language: 1 [] English 2 [] Spanish 3 [] Other																																																																																				
(10) Is the head of the household handicapped or disabled and receiving disability payments? [] Yes [] No																																																																																				
(11) Are you an owner-occupant of the property to be repaired? [] Yes [] No																																																																																				
1 [] Less than 1 year 2 [] 1 to 5 years 3 [] Over 5 years 4 [] Not an owner-occupant																																																																																				
(12) Total number of persons in household: _____																																																																																				
Ages of any minor children _____																																																																																				
(13) How did you first hear of this program? (please check only one box)																																																																																				
1 [] Referral from Public Housing waiting list 6 [] Radio 2 [] Referral from another agency 7 [] Printed Pamphlet 3 [] Friend or relative 8 [] Community Bulletin Board 4 [] TV 9 [] At a Meeting 5 [] Newspaper 10 [] Other (specify)_____																																																																																				
(14) What year was your house built?_____																																																																																				
What was your original purchase price?_____																																																																																				
What year did you buy it?_____																																																																																				
What is the current value of your home?_____																																																																																				
(15) PLEASE FILL OUT THE FOLLOWING:																																																																																				
<table><tr><td><u>INCOME</u></td><td><u>MONTHLY</u></td><td><u>EXPENDITURES</u></td><td><u>MONTHLY PAYMENT</u></td><td><u>LOAN BALANCE</u></td></tr><tr><td>Salary (Gross)</td><td>_____</td><td>Mortgage Payment</td><td>_____</td><td>_____</td></tr><tr><td>Salary (Spouse)</td><td>_____</td><td>Second Mortgage</td><td>_____</td><td>_____</td></tr><tr><td>Salary (Other)</td><td>_____</td><td>Property Taxes</td><td>_____</td><td>_____</td></tr><tr><td>Rental Income</td><td>_____</td><td>Homeowner Insurance</td><td>_____</td><td>_____</td></tr><tr><td>Notes held on other property</td><td>_____</td><td>Auto Payment</td><td>_____</td><td>_____</td></tr><tr><td>Interest, Securities</td><td>_____</td><td></td><td></td><td></td></tr><tr><td>Grant Income:</td><td></td><td>Other:</td><td></td><td></td></tr><tr><td>Social Security</td><td>_____</td><td>Installment Payments</td><td></td><td></td></tr><tr><td>Veteran’s Pension</td><td>_____</td><td>Credit Card Payments</td><td></td><td></td></tr><tr><td>AFDC</td><td>_____</td><td>Medical Bills, etc.</td><td></td><td></td></tr><tr><td>Disability</td><td>_____</td><td></td><td>_____</td><td>_____</td></tr><tr><td>Unemployment</td><td>_____</td><td></td><td>_____</td><td>_____</td></tr><tr><td>Retirement</td><td>_____</td><td></td><td>_____</td><td>_____</td></tr><tr><td>Child Support</td><td>_____</td><td></td><td>_____</td><td>_____</td></tr><tr><td>TOTAL MONTHLY INCOME</td><td>_____</td><td>TOTAL MONTHLY EXPENDITURES</td><td>_____</td><td></td></tr></table>					<u>INCOME</u>	<u>MONTHLY</u>	<u>EXPENDITURES</u>	<u>MONTHLY PAYMENT</u>	<u>LOAN BALANCE</u>	Salary (Gross)	_____	Mortgage Payment	_____	_____	Salary (Spouse)	_____	Second Mortgage	_____	_____	Salary (Other)	_____	Property Taxes	_____	_____	Rental Income	_____	Homeowner Insurance	_____	_____	Notes held on other property	_____	Auto Payment	_____	_____	Interest, Securities	_____				Grant Income:		Other:			Social Security	_____	Installment Payments			Veteran’s Pension	_____	Credit Card Payments			AFDC	_____	Medical Bills, etc.			Disability	_____		_____	_____	Unemployment	_____		_____	_____	Retirement	_____		_____	_____	Child Support	_____		_____	_____	TOTAL MONTHLY INCOME	_____	TOTAL MONTHLY EXPENDITURES	_____	
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(16) Do you know any reason you would be denied a loan? If yes, explain _____																																																																																				
(17) Have you filed for bankruptcy within the last 7 years? [] Yes [] No																																																																																				
(18) Names of other persons listed on property title _____																																																																																				
(19) DO YOU UNDERSTAND A LIEN IS PLACED AGAINST YOUR PROPERTY UNTIL THE LOAN IS REPAYED? [] Yes [] No																																																																																				
(20) IS YOUR HOME CURRENTLY FOR SALE? [] Yes [] No																																																																																				
AUTHORIZATION																																																																																				
To the best of my knowledge, the above information is correct and accurate. I/We hereby authorize release of credit or employment and income information for my/our pending real estate loan application. I/We acknowledge that there will be no responsibility on your institution or its officers and employees for having furnished the same. We understand that all information will be kept strictly confidential.																																																																																				
Applicant’s Signature _____		Co-Applicant’s Signature _____		Date _____																																																																																

(21) PLEASE CHECK THE BOX WHICH MOST NEARLY DESCRIBES YOUR HOME:

YOUR DWELLING

☐ Single Home

☐ Single Home with Detached House

☐ Condominium

☐ Mobilehome*

SEWER HOOK-UP

☐ Municipal

☐ Tank & Pit

☐ Pit Only

☐ Leach Field

ELECTRICAL METER BOX HAS

☐ Fuse

☐ Breakers

HEATING EXISTING

☐ Wall

☐ Floor

☐ Central

☐ How old____years

☐ Unvented or Gas Odor

☐ None/Inadequate

☐ Inoperative

ROOF MATERIAL & TYPE

☐ Wood Shingle

☐ Composition Shingle

☐ Roll

☐ Tile

☐ Rock

☐ Metal

☐ How old____years

No. of Bedrooms:_____

No. of Bathrooms:_____

Square Footage:_____

Parcel #_____ (You can obtain # from Tax Bill)

(22) List improvements you would like to be made to your property: _____

Effective September 15, 2000, work involving unstable Lead Based Paint or work disrupting Lead Based Paint must adhere to HUD regulations. This may involve the homeowner vacating the premises and removal of furnishings, at owner’s expense, until a clearance has been obtained.

DO YOU WANT TO FIX UP YOUR HOME?



3% HOME IMPROVEMENT LOANS AVAILABLE TO
SAN BERNARDINO COUNTY HOMEOWNERS

If you need money for home improvements, maybe we can help. Low interest loans are available for qualified owner occupants in San Bernardino County. The Department of Community Development and Housing offers home rehabilitation loans from \$3,000 to \$60,000 at 3% interest to eligible homeowners (Based on sufficient equity).

TO BE ELIGIBLE YOU MUST:

1. Be an owner occupant of a single family dwelling for the last 12 consecutive months or longer and the **HOME IS NOT FOR SALE**; and

2. Not live in the cities of Chino, Chino Hills, Fontana, Hesperia, Ontario, Rancho Cucamonga, Rialto, San Bernardino, Upland, Victorville, or the Town of Apple Valley; and

3. Have a maximum total household income of:
- 1 Person Household

\$32,200 Annual Gross Income

2 Person Household

\$36,800 Annual Gross Income

3 Person Household

\$41,400 Annual Gross Income

4 Person Household

\$46,000 Annual Gross Income

5 Person Household

\$49,700 Annual Gross Income

6 Person Household

\$53,350 Annual Gross Income

7 Person Household

\$57,050 Annual Gross Income

8 Person Household

\$60,700 Annual Gross Income

This program does not provide refinancing of existing debt, nor are we permitted to work on property which is FOR SALE.

*MOBILEHOME must be on private property and permanently affixed to qualify (or be willing to be permanently affixed).

This program does require a lien against the property to secure the loan. Fire insurance required to obtain loan.

MOST LOW-INCOME AND MODERATE-INCOME FAMILIES WILL QUALIFY. If net family assets exceed \$5,000, income for eligibility shall include actual income from assets, or 10% of the assets, which ever is greater. Net assets include equity in nonowner-occupied real property, savings, stock, bonds and other forms of capital investments.

MAIL APPLICATIONS TO:

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

290 NORTH “D” STREET, 6TH FLOOR

SAN BERNARDINO, CA 92415-0040

(909) 388-0910

